





1. Subscriber Information	n												
Last Name		First Name	M. I.	Social S	Security Number			Date of Birth	Marital Status:			Gender	
									Married	Single	∐Male	e Female	
Mailing Address		City	State	Zip			Telephone :		Divorced E-mail Add	ress:		efined	
		G.C)	5.0.0	,					2				
							( )						
2. Employer/Department:	3. Current E	mployment Status :	4. Reason	4. Reason for Application: (Required)									
Working for or retired from:			a. <u>Chang</u>	a. Change in Employment:									
Employer:		neck one below	☐ New H	□ New Hire □ Rehire □ Return from Leave of Absence □ Recall from Layoff									
State of Maine	State of Maine Active Employee			Date of hire/rehire/return/recall (required)://									
Other Intermitte			b. Qualif	b. Qualifying Life Event: Documentation required Visit www.maine.gov/bhr/oeh for qualifying life event list									
		termittent Employee		Annual Enrollment (only held in May each year; effective date of change is July 1st)									
(E.g. MCCS, MainePERS, etc.)			☐ Life E	Life Event Reason:									
and	and Retiree			Date of Life Event (required): / /									
<u>Department Name</u> :  ☐ Surviving				a Nama and far Address Change.									
		Spouse/ Dependent		c. Name and/or Address Change:									
(E.g. DHHS, DOT, DOC, etc.)	_	☐ Name Change											
Former Name													
Date of Name Change/ Address Change (required)://											/	_	
5a. Family Inform					www.maine.go	<u>v/bhr/oeh</u> or re	equest from you	ur human resources depa	rtment	5	b. Plan Select	ion	
				hange in coverage is needed			Required  Doctor's Full Name and Anthem PC		CP ID Number	Health	Dental Vision		
Last Name		First Name	Social Security	Number	Date of Birth	Gender		www.Anthem.com		Insurance	Insurance	Insurance	
Self						Male				Enroll	Enroll	Enroll	
						Female	Comment Dation	it? 🗌 Yes or 🔲 No		Delete	Delete	Delete Decline	
Spouse or Domestic Partner						Undefined	Current Patien	it!   Tes of   No		Decline	Decline	Decline	
State of Maine employee? Yes or No						Male				Enroll	Enroll	Enroll	
						Female Undefined	Comment Daties	t? Yes or No		Delete Decline	Delete Decline	Delete Decline	
(Marriage license or partner affidavit required) Child							Current Patien	tr i res or i no		1=			
Cilid						Male				Enroll Delete	Enroll	Enroll Delete	
(Birth certificate or court documentation required)						Female Undefined	Current Patien	t? Yes or No		Decline	Delete Decline	Decline	
Child						Male	Current radien	163 67 1110		Enroll	Enroll	Enroll	
						Female				Delete	Delete	Delete	
(Birth certificate or court documentation required)					Undefined	Current Patien	t? Yes or No		Decline	Decline	Decline		
I certify all information supp Benefits in accordance with dependents (if applicable) a misleading information to ar Plan's subrogation rights for revoke your consent to recei Disclosure: By signing and de	rules, regulations & s n opportunity to apply insurance company i my claims on a just a ve e-mails via the Con	tatutes. I further author y for group health covera for the purpose of defrau ind equitable basis. I count nstant Contact service at	ize Employee Health ge that provides Min ding the company. I nsent to receive e-many any time by using th	& Benefits to imum Value a My signature ails from the ne SafeUnsub	o deduct any pre and Minimum Es on this applicati Office of Employ scribe® link fou	miums owed b sential Coverag on constitutes ree Health & Be nd at the botto	y me as of the d ge that is afford my approval an enefits that are m of every e-m	late my application is appr lable. Misrepresentation: I id authorization for Anther serviced by Constant Cont ail.	oved. I understand t is a crime to known Blue Cross and B act that contain im	d my employer ha wingly provide fa due Shield to enf aportant benefit i	as given me and alse, incomplete force the State o	d my e or of Maine	
Signature	Signature Date												
		6. Group in	formation: To be	completed	by State of Ma	ine Office of	Employee He	ealth & Benefits only					
Plan Sponsor: State of Maine Payroll Code		Health Effective Date / /				Dental Effective Date / / Vision Effective				ve Date /	/		
SOM Department #:		Author Province Co.	2014	na.			601 State of Maine 602 Ancillary Groups: Sublocation						
Benefits Specialist:		Anthem Firm Division# 00M				DD01 DD02 DD03				Anthem Firm Division# 0VM			